

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/926426

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				1			53						
4				1			54						
5			1				55						
6				1			56						
7				1			57						
8				1			58						
9				1			59						
10			1				60						
11			1				61						
12			1				62						
13			1				63						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	7	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			13				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS